



Federal Bureau of Investigation

Citizens' Academy

Application

PERSONAL DATA

Name: _____
Last *First* *Full Middle*

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname, or legally changed your name, please state the time period this occurred and the circumstances. If you have ever legally changed your name, please list the date, place, and court:

Date of Birth: _____ Place of Birth: _____ Age: _____

Social Security Number: _____

Gender: Male Female

ADDRESS AND POINT OF CONTACT

Address: _____
Street *City* *State* *Zip Code*

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager: _____

Please list the name and phone number of a relative or close associate (to be used in the event of an emergency):

Name: _____ Phone Number: _____

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____
Street *City* *State* *Zip Code*

Job Title: _____ Length of time with current employer: _____

If less than three years please list former employer: _____

AUTHORIZATION TO CONDUCT LAW ENFORCEMENT CHECKS

Have you ever been charged with a felony offense? Yes No

Have you ever been convicted of a crime? Yes No

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records as they pertain to me. I understand that this check will include, but not be limited to, any record of charges, prosecutions, or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI Citizens' Academy.

Full Name (typed or printed)

Full Name (signature)

Date of Authorization

ORGANIZATION MEMBERSHIPS

Please list any organizations or community groups to which you belong:

ORGANIZATION MEMBERSHIPS

Do you now, or have you ever had a serious illness, chronic illness, or injury that could preclude you from participating in live firearms training? Yes No

If yes, provide details:

SEND APPLICATION TO:

Federal Bureau of Investigation
Suite 1100
111 Washington Avenue, South
Minneapolis, MN 55401
Attn: FBI Citizens' Academy